

2003 California Fiduciary Income Tax Return**541**

For calendar year 2003 or fiscal year beginning month day year 2003, and ending month day year

● Type of entity:

- (1) ☐ Decedent's estate
 (2) ☐ Simple trust
 (3) ☐ Complex trust
 (4) ☐ Grantor type trust
 (5) ☐ Bankruptcy estate – Chapter 7
 (6) ☐ Bankruptcy estate – Chapter 11
 (7) ☐ Pooled income fund
 (8) ☐ ESBT (S portion only)
 (9) ☐ QSST

Name of estate or trust

Federal employer identification no. (FEIN)

Name and title of all fiduciaries, see instructions

PBA Code

Address of fiduciary (number and street including suite number, PO Box, or rural route)

PMB no.

City

State

ZIP Code

Check applicable boxes: ● ☐ Initial return ☐ Final return ☐ REMIC☐ Amended return. Attach explanation and schedules ☐ Change in fiduciary's name or address**Trusts that have nonresident trustees or beneficiaries see Side 3, Non-California Source Income and Deduction Apportionment Worksheet.**

Income	1 Interest income	1	
	2 Dividends	2	
	3 Business income or (loss). Attach federal Schedule C or C-EZ (Form 1040)	3	
	4 Capital gain or (loss). Attach Schedule D (541)	4	
	5 Rents, royalties, partnerships, other estates and trusts, etc. Attach federal Schedule E (Form 1040)	5	
	6 Farm income or (loss). Attach federal Schedule F (Form 1040)	6	
	7 Ordinary gain or (loss). Attach Schedule D-1	7	
	8 Other income. See instructions. State nature of income	8	
	9 Total income. Combine line 1 through line 8	9	

Deductions	10 Interest	10	
	11 Taxes	11	
	12 Fiduciary fees	12	
	13 Charitable deduction. Enter the amount from Side 3, Schedule A, line 7	13	
	14 Attorney, accountant, and return preparer fees	14	
	15 a Other deductions not subject to 2% floor. Attach schedule	15a	
	b Allowable misc. itemized deductions subject to 2% floor	15b	
	c Total. Add line 15a and line 15b	15c	
	16 Total. Add line 10 through line 14 and line 15c	16	
	17 Adjusted total income (or loss). Subtract line 16 from line 9. Enter here and on Side 3, Schedule B, line 1	17	
	18 Income distribution deduction from Side 3, Schedule B, line 15. Attach Schedule K-1 (541)	18	
	20 Taxable income of fiduciary. Subtract line 18 from line 17	20	

Tax and Payments	21 a Regular tax _____; b Other taxes _____; c QSF tax _____; d Total	21	
	22 Exemption credit (\$10.00 for an estate, \$1.00 for a trust). See instructions	22	
	23 Credits. Attach worksheet. If one credit, enter code ● <input type="checkbox"/>	23	
	Note: If more than one credit, see instructions.		
	24 Total. Add line 22 and line 23	24	
	25 Subtract line 24 from line 21	25	
	26 Alternative minimum tax. Attach Schedule P (541)	26	
	27 Tax liability. Add line 25 and line 26	27	
	28 California income tax withheld, see instructions	28	
	29 California income tax previously paid. See instructions	29	
	30 Real estate or nonresident withholding (Form(s) 597, 594, or 592-B). See instructions	30	
	31 2003 CA estimated tax, amount applied from 2002 return, and payment with form FTB 3563	31	
	32 Total payments. Add line 28, line 29, line 30, and line 31	32	
	33 Tax due. Subtract line 32 from line 27	33	

34	Overpaid tax. Subtract line 27 from line 32 from Side 1	■ 34	
35	Amount of line 34 to be credited to 2004 estimated tax	■ 35	
36	Amount of overpaid tax available this year. Subtract line 35 from line 34	■ 36	
37	Use tax. See instructions	● 37	
38	Total voluntary contributions from Schedule C, line 11 below	38	
39	Refund or No Amount Due. See instructions	39	
40	Amount Due. See instructions	40	
41	Underpayment of estimated tax. Fill in circle: <input type="radio"/> FTB 5805 attached <input type="radio"/> FTB 5805F attached	■ 41	

Schedule C Voluntary Contributions. See instructions.

1	Alzheimer's Disease/Related Disorders Fund	● 53		5	California Breast Cancer Research Fund	● 57	
2	California Fund for Senior Citizens	● 54		6	California Firefighters' Memorial Fund	● 58	
3	Rare and Endangered Species Preservation Program	● 55		7	Emergency Food Assistance Program Fund	● 59	
4	State Children's Trust Fund for the Prevention of Child Abuse	● 56		8	California Peace Officer Memorial Foundation Fund	● 60	
				9	Asthma and Lung Disease Research Fund	● 61	
				10	California Missions Foundation Fund	● 62	

11 Total voluntary contributions. Add line 1 through line 10. Enter here and on line 38 ● **64** **11** 00

Other Information Note: Income of final year is taxable to beneficiaries

1	Date trust was created or, if an estate, date of decedent's death:	6	Is this return for a short taxable year?
2	a If an estate, was decedent a California resident?	7	If a trust, enter number of:
	b Was decedent married at date of death?	a	California resident trustees ●
	c If yes, enter surviving spouse's social security number and name:	b	Nonresident trustees ●
3	If an estate, enter fair market value (FMV) of:	c	Trustees (line a plus line b) ●
	a Decedent's assets at date of death	d	California resident beneficiaries ●
	b Assets located in California	e	Nonresident beneficiaries ●
	c Assets located outside California	f	Beneficiaries (line d plus line e) ●
4	If this is the final return, enter date of court order authorizing final distribution of the estate	8	Is the trust required to complete federal Form 8271?
5	Did the estate or trust receive tax-exempt income?		If federal Form 8271 is required, please attach a copy to this form.
	If yes, attach computation of the allocation of expenses.	9	Attach a copy of 2003 federal Form 1041, pages 1 and 2.

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	
	Signature of fiduciary or officer representing fiduciary Date	
Paid Preparer's Use Only	Preparer's signature Firm's name (or yours, if self-employed) and address Date	Check if self-employed <input type="checkbox"/> Preparer's SSN or PTIN FEIN Telephone ()

Schedule A Charitable Deduction Do not complete for a simple trust or a pooled income fund. Attach statement listing the name and address of each charitable organization to which your contributions totaled \$3000 or more.

1 a Amounts paid for charitable purposes from gross income	1a _____	
b Amounts permanently set aside for charitable purposes from gross income. See instructions	1b _____	
c Total. Add line 1a and line 1b	1c _____	
2 Tax-exempt income allocable to charitable contributions. See instructions	2 _____	
3 Subtract line 2 from line 1c	3 _____	
4 Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes	4 _____	
5 Add line 3 and line 4	5 _____	
6 R&TC Section 18152.5 exclusion allocable to capital gains paid or permanently set aside for charitable purposes	6 _____	
7 Charitable deduction. Subtract line 6 from line 5. Enter here and on Side 1, line 13	7 _____	

Schedule B Income Distribution Deduction

1 Adjusted total income. Enter amount from Side 1, line 17	1 _____	
2 Adjusted tax-exempt interest and nontaxable gain from installment sale of small business stock. See instructions	2 _____	
3 Net gain shown on Schedule D (541), line 9, column a. If net loss, enter -0-. See instructions	3 _____	
4 Enter amount from Schedule A, line 4 (reduced by any allocable R&TC Section 18152.5 exclusion)	4 _____	
5 Enter capital gain included on Schedule A, line 1	5 _____	
6 If the amount on Side 1, line 4 is a gain, enter the amount here as a negative number. If the amount on Side 1, line 4 is a loss, enter the loss as a positive number	6 _____	
7 Distributable net income. Combine line 1 through line 6	7 _____	
8 Income for the taxable year determined under the governing instrument (accounting income)	8 _____	
9 Income required to be distributed currently (IRC Section 651)	9 _____	
10 Other amounts paid, credited, or otherwise required to be distributed (IRC Section 661)	10 _____	
11 Total distributions. Add line 9 and line 10. If the result is greater than line 8, see federal Form 1041 instructions for line 12 to see if you must complete Schedule J (541)	11 _____	
12 Enter the total amount of tax-exempt income included on line 11	12 _____	
13 Tentative income distribution deduction. Subtract line 12 from line 11	13 _____	
14 Tentative income distribution deduction. Subtract line 2 from line 7	14 _____	
15 Income distribution deduction. Enter the smaller of line 13 or line 14 here and on Side 1, line 18	15 _____	

Non-California Source Income and Deduction Apportionment Worksheet

Income Allocation Worksheet						
	A	B	C	D	E	F
Type of Income	CA Source Income	Non-CA Source Income	Apportioned Based on the # of CA Trustees	Remaining Non-CA Source Income	Apportioned Based on the # of CA Beneficiaries	Total Income Taxable to CA
1 Interest						
2 Dividends						
3 Business Income						
4 Capital Gain						
5 Rents, Royalties, etc.						
6 Farm Income						
7 Ordinary Gain						
8 Other Income						
9 Total Income						

Deduction Allocation Worksheet		
	G	H
Type of Deduction	Total deductions	Amounts allocable to CA
10 Interest		
11 Taxes		
12 Fiduciary fees		
13 Charitable deduction		
14 Attorney, accountant, and return preparer fees		
15a Other deduction not subject to 2% floor		
15b Allowable misc. itemized deductions subject to 2% floor		